

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 09/914492 | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------------------------|-------------|------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
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| 10 | | | | | | | 60 | | | | | | |
| 11 | | | | | | | 61 | | | | | | |
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| 14 | | | | | | | 64 | | | | | | |
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| 37 | | | | | | | 87 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |